

DIKE, BRONSTEIN, ROBERTS & CUSHMAN, LLP 130 Water Screet Boston, Massachusetts 02109-4280

Page 1 of 4

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that: My residence, post office	address and citizenship are as stated below
next to my name. I believe I am the original, first and sole inventor (if only one name	is listed at 201) below or an original, first
and joint inventor (if plural names are listed at 201-208 below) of the subject matter w	iich is claimed and for which a patent is
sought on the invention entitled:	

	COMPOSITION	S AND METHODS FOR MODULATING VASCULARIZATION
which	is described and c	aimed in:
		the specification attached hereto.
And And	\B	the specification in U.S. Application Serial Number 09/265,041, filed on March 9, 1999
And Anderson		the specification in PCT international application Number, filed on; and was amended on

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

Prior Foreign/PCT	Prior Foreign/PCT Applications and Any Priority Claims Under 35 U.S.C. 119:					
Application No.	Filing Date	Country	Priority Claimed Under 35 U.S.C. 119?			
			□YES □NO			
			□YES □NO			
			□YES □NO			
			□YES □NO			
			□YES □NO			
	†		□YES □NO			
			□YES □NO			

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR \$1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

	U.S. Applications				Status (Check One)			
Application	Serial No.	U.S. Filing Date	Patented	Pending	Abandoned			
PC	T Applications Designa	nting the U.S.						
Application No.	Filing Date	U.S. Serial No. Assigned						
	CLAIM FOR BENEFI	T OF PRIOR U.S. PROVISIONA (35 U.S.C. § 119(e))	AL APPLICA	TION(S)				

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (35 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

Applicant	Provisional Application Number	Filing Date
Jeffrey M. Isner, et al.	60/077,262	March 9, 1998

And And Am Ann And

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) with full powers of association, substitution and revocation to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

David G. Conlin George W. Neuner	(Reg. No. 16,919) (Reg. No. 27,026) (Reg. No. 26,964) (Reg. No. 31,003) (Reg. No. 33,860)	Peter J. Manus Cara Z. Lowen William J. Daley, Jr. Robert L. Buchanan Christine C. O'Day	(Reg. No. 26,766) (Reg. No. 38,227) (Reg. No. 35,487) (Reg. No. 40,927) (Reg. No. 38,256)
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SEND CORRESPONDENCE TO:

Robert L. Buchanan Dike, Bronstein, Roberts & Cushman, LLP

130 Water Street

Boston, Massachusetts 02109

DIRECT TELEPHONE CALLS TO:

Robert L. Buchanan

(617) 523-3400

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	FULL NAME OF INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
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	POST OFFICE ADDRESS FULL NAME OF INVENTOR	POST OFFICE ADDRESS LAST NAME LOST VAME	STATE OR FOREIGN COUNTRY CITY	COUNTRY OF CITIZENSHIP STATE OR COUNTRY AND ZIP CODE
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I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Signature of Inventor 201	Signature of Inventor 202	
Signature of inventor 201	John for	
Date: When Jan 10	Date:	

VERIFIED STATEMENT (CLARATION) CLAIMING SMAIL NTITY STATUS (37 CFR 1.9(f) AND 1.27 (d)) - NONPROFIT ORGANIZATION

Docket No. 47624 (1417)

	rial No.	Filing Date	Patent No.	Issue Date
05	265,041	March 9, 1999		01
Applicanti Patentee:	Jeffrey M. Isner	; and Takayuki Asahara		
Invention:	COMPOSITIO	NS AND METHODS FOR MOI	OULATING VASCULARIZATION	ON 50
				₩ 1
I hereby d	leclare that I am a	n official empowered to act on	behalf of the nonprofit organiza	tion identified below:
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		Boston, MA 02135		
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		other Institute of Higher Educati		24/-2/2
2		ınder Internal Revenue Service		
	Nonprofit Scient Name of S	entific or Educational under Stat State:	tute of State of The United State Citation of Statute:	es of America
C		y as Tax Exempt under Internal if Located in The United States		S.C. 501(a) and
Ţ	America if	y as Nonprofit Scientific or Educ Located in The United States of	of America	of The United States of
	Name of S		Citation of Statute:	arganization as defined in
37 C.F.R	declare that the a R. 1.9(e) for purpo described in:	above-identified nonprofit orgar ses of paying reduced fees to t	nization qualifies as a nonprofit he United States Patent and Tr	rademark Office regarding the
(☐ the specificat	ion to be filed herewith.		
(★ the application ■ The image is a second continuous continu	n identified above.		•
	☐ the patent ide	entified above.		
I hereby with rega	declare that righ ard to the above in	ts under contract or law have t dentified invention.	peen conveyed to and remain v	with the nonprofit organization
If the ri	ghts held by the	e above-identified nonprofit or s to the invention is listed on the eventor, who could not qualify	ne next page and no rights to	der 37 CFR 1.9(c) or by any

37 CFR 1.9(e).

Each person, obligation unde	concern or er contract o	organization or law to assiç	to which I h gn, grant, con	ave assigned, granted, covey, or license any rights in	onveyed, or lie the invention	censed or am under an is listed below:
			rganization ex r organization	ists. is listed below.		
FULL NAME _ ADDRESS _		Individual		Small Business Concern		Nonprofit Organization
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FULL NAME .		Individual		Small Business Concern		Nonprofit Organization
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NAME OF PE			John Fitzgera Vice Presiden			
ADDRESS OF			736 Cambrid Boston, MA	ge Street		
SIGNATURE:	J. J	2/9	LJ.	7 DA	TE: 5//3	199